LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday September 5, 2002
1:00 p.m.-5:00 p.m.
St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA

MEMBERS PRESENT		ABSENT
Mario Perez	Jeff Bailey	Chi-Wai Au
Vanessa Talamantes	Dean Goish	Diane Brown
Sergio Avina	Buddy Akin	Sandra Cargill
Richard Browne	Tony Bustamante	Emma Robinson
Gordon Bunch	Cesar Cadabes	Gail Sanabria
Edward Clark	Mark Etzel	
Kelly Gilmore	Danielle Glenn-Rivera	
Shawn Griffin	Edric Mendia	
Veronica Morales	Vicky Ortega	
Keisha Paxton,	Efrain Reyes	
Ricki Rosales	Kellii Trombacco	
Richard Zaldivar	Rodolfo Zamudio	
David Zucker		

STAFF PRESENT

Gabriel Rodriguez	Darren Roberts
Delia Sandoval	Rene Seidel

I. ROLL CALL - Roll call was conducted. A quorum was present.

II. COLLOQUIA PRESENTATION –
Dr. Frank Galvan, Assistant Professor at Charles R. Drew University of Medicine and Science and Victor Martinez from "Positive Images" presented on "A Survey of HIV-Positive Latino Men: Results and Recommendations" For a copy of the presentation please contact Ky Coussey at (310) 794-0448.

The presentation for next month will be "HIV Prevention Social Marketing Efforts in Los Angeles County: Lessons Learned from Three Funded Projects" presented by Charles Karsters; Matt Mutchler, Ph.D.; Jeff Bailey, M.P.H.; Miguel Chion, M.D.; M.P.H; Tom West.

III. APPROVAL OF AGENDA
The Committee approved the agenda.

IV. APPROVAL OF MEETING SUMMARY
The Committee approved the meeting summary for August 1, 2002.

V. PUBLIC COMMENT

Jeff Bailey introduced two new PPC members Richard Browne, from Alcohol and Drug Program Administration and Kelly Gilmore.

Tiffany Horton announced that Positive Images is seeking a spokesperson for the "HIV Stops With Me Campaign." They are looking for HIV positive men, women, and transgenders to participate. The contact person is Scott and may be reached at 323- 860-7329. The hours for the Sexual Health Program at the LAGay and Lesbian Center have changed. The hours for walk in clients to receive gonorrhea, chlamydia, HIV and syphilis testing are 11:00 a.m. to 3:00 p.m. Evening hours are by appointment only after 5:00 p.m. They are now planning to do more combination services including sexually transmitted disease prevention and counseling and testing with HIV prevention counseling and testing. They have positions open and anyone interested can call Tiffany Horton at 323-860-5839.

Uyen Bui announced that AIDS Project Los Angeles, in partnership with CHIPTS is hosting a new training seminar called "A Practical Approach to Perform Evaluation." The seminars will be on November 15 and 22, 2002, for community providers who are providing HIV prevention and care services. For further information contact Uyen at 213-201-1595. There will be separate sessions for the PPC and HIV Commission on December 6, 2002 at OAPP.

VI. 2003 CDC APPLICATION-PPC REVIEW & LETTER OF CONCURRENCE

Dean Goishi said that PPC members were asked to review a copy of the CDC Application, which was sent to them in advance. It is not finalized as of yet. There were several discussions and review of the CDC Application at the Executive sub-committee and feedback was provided. The process went much smoother than last year. It is an update of what was accomplished last year. The CDC application is divided into two parts. Part A is the PPC portion and is divided into 5 sections. The base award is $14.9 million for prevention this year. The amount currently being requested from CDC is $20.7 million. That amount includes about a $14.8 million for the HE/RR, HCT and PHIP program contracts. This still does not include the Capacity Building, Social Marketing or the Evaluations sections. The maximum amount will be about $22 million. The budget will be finalized by Tuesday. **Mr. Goishi** responded to a question on how OAPP arrived at the tentative amount of $20.7 million. He said by adding the existing CDC funded contracts, some of the capacity building, social marketing, evaluation, staffing and benefits. The PPC members went over the CDC Application.

There was a discussion about Capacity Building Assistance (CBA) and the CDC Application. Some of the questions asked are. Was anything set aside to bring in non-affiliated members into the PPC? Who will determine what CBO will require Capacity Building assistance? How are CBOs selected? How does an agency apply for assistance?

The following are comments and responses to the questions mentioned above.

- The Operations sub-committee addressed the recruitment plans in the CDC application.
- Traditionally the office has released RFPs. Capacity Building funds are put out to bid through a competitive process.
- **Gabriel Rodriguez** clarified that the Capacity Building Initiative was put out to bid and is currently pending. One of the components of this initiative that was previously funded was to complete a survey of the capacity building needs of CBOs and then through this initiative, there would be a pool of technical assistance providers that would work directly with CBOs to address their needs. What was discussed earlier was that capacity-building funds that were applied for under a supplemental application would go to enhance that program.
- **Gabriel Rodriguez** said that an agency was funded to do an assessment of the capacity needs of providers. His understanding was that that agency would move forward on connecting technical assistance providers with those CBOs who have capacity needs or training needs. He recommended that they contact Lela Hung at OAPP to obtain more information about how CBOs can tap into the capacity building infrastructure at OAPP.
- Those wishing to apply for technical assistance can contact Dean Goishi. It was mentioned that there is a mechanism for agencies to obtain technical assistance, depending on the type of assistance needed. Technical assistance can be obtained directly from CDC, or through agencies like CHIPTS, or other agencies that provide this service.
- A suggestion was made to send a letter to providers informing them that they should go to their local health providers first to request technical assistance.
- **Kathy Watt** suggested that a letter be sent to agencies to explain the importance of completing the Capacity Building survey. She said there are people in the community undermining the need for the survey to be completed. They feel that there are questions in the survey that are nobody's business. There is a person in

particular going around to meetings and telling people not to fill out the survey and not to send it in. It is very easy to put aside a 64-page document.

ACTION: Jeff Bailey mentioned that at the next Executive sub-committee meeting they will discuss drafting letters from the PPC encouraging providers to complete the Technical Assistance Survey because it is important to the prevention planning process. In efforts to continually communicate with the community about prevention planning, a list or direction will also be provided about how to access technical assistance from other avenues.

Motion: It was moved, seconded and approved that the PPC submit a letter of concurrence for the CDC application.

Jeff Bailey and Dean Goishi thanked all those who were involved in the work of the CDC application and also thanked the sub-committees for their input. It was felt that the CDC application had not changed that much from last year. **Mr. Goishi** said that once the CDC application has been completed, PPC members would get a full copy.

VII. BREAK

VIII. SUB-COMMITTEE REPORTS

- **Evaluation**

  Gordon Bunch reported that they reviewed the Research Survey. A good response was received. It was discovered that considerable number of researchers in the field of HIV/AIDS were not reached in the first mailing. The survey was mailed to people on a list provided by RAND and CHIPTS. The Research Survey has been completed. It is part of an overall Resource Inventory that the committee is charged with putting together. In order to complete the second component of the Resource Inventory it was felt that it would be best to go to a resource. They reviewed a guide called, "Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups." The book describes how to conduct a Resource Inventory, a Needs Assessment and also the Gaps Analysis. After reading this guide the committee members will continue this discussion at the next meeting. They will also revisit their work plan and come up with some ideas of how they are going to get to the end product. Presently, they do not have a Chair and are in the process of searching for a one. Sandra Cargill resigned as Chair of this committee. Mr. Bunch acknowledged Ms. Cargill's work. He said that previously she was the Chair of the Operations sub-committee and she did a wonderful job.

  ACTION: It was suggested that a letter be sent to Sandra Cargill thanking her for her services.

- **Operations**

  Kellii Trombacco reported that the Operations sub-committee recommended to the Executive sub-committee to send letters to PPC members about their attendance and participation. They are recommending that the January 2, 2003 meeting be moved to January 7, 2003. They also recommended designating the January 2003 PPC meeting as the next Community Breakout meeting. They continue to revise and update the Policies and Procedures. There was a recommendation to add in the "Term of Membership" section a narrative about a 90-day probationary period for new PPC members.

  Community Breakout – November 2002

  Jeff Bailey mentioned that there would be a Community Breakout in November. The focus may be "Introduction to Community Prevention Planning" to engage everyone in developing the next Plan.

  There are certain slots on the PPC that are open to other Departments in Health Services. The Executive sub-committee approved Rochaun Smith in April to be the representative to TB Control.

  Motion: A motion was made, seconded and approved to add Rochaun Smith as TB Control Representative to the PPC.

- **Joint Public Policy**

  Mark Etzel reported that they are in need of a co-chair from the Commission. A member from the PPC and the Commission chair this committee. They finalized criteria for taking action and or recommending a position. The work plan addressed prevention, care and treatment, Strategic Planning, legislation/policy

issues. The committee will work through the process and look at the UCHAPS agenda to determine concrete steps they would take at the national and local level, etc. They need to refocus on the work plan and to set goals around training and capacity building for committee members and members of the community around different aspects of the policy process. They have been focusing on the Strategic Planning process.

There has been no action on the approval of Melanie Sovine's contract. There were two task forces appointed by the core planning partners (PPC, Commission, OAPP, and Board of Supervisors). A Joint PPC and Commission meeting was held in May 2002 to discuss the recommendations made by the two Task Forces.

A Task Force recommended that the staff for the Commission be housed outside OAPP. It would be required that professionals with expertise in given areas could help the committee do some of the groundwork. The purpose would be for the Commission to look at the completed data, provide feedback and move the process forward. The Commission has adopted it. As a core member, the PPC needs to consider endorsing that proposal. This issue will be placed on the PPC agenda as an action item next month. There was reassurance that the staffing needs of the PPC will be revisited. At the present time the Task Force chose to address only the Commission issues.

The second Task Force recommended considering a single planning body in Los Angeles County. At the May meeting there was some discussion about the integration of care and prevention. The new system will take about 1 ½ to 2 years to be implemented.

ACTION: The Executive sub-committee will map out a logical process to discuss this issue further. A discussion will be held with the Commission and the PPC co-chairs. There is a need to hold a discussion here at the PPC about the implications of having a single planning body.

- **Standards & Best Practices**

David Zucker was thanked for being interim chair. **Royce Sciortino** went over the Literature Review Research "Interventions with Evidence of Effectiveness by Behavioral Risk Group." The document that was passed out was the result of the literature search conducted by the sub-committee. The intent was to make recommendations for interventions that have proven to be effective by specific BRG's and to support the community based organizations that will be applying for programs eventually. The first step was to do a literature search of published articles that have documented effective interventions. There is a list of web sites. The CDC was contacted to assess if the sub-committee was on track with the project. They found more interventions than the CDC had published in their Compendium of Effective Interventions. Because the CDC's criteria are more stringent. They searched for programs with evidence of effectiveness that were published between 1995 to present to ensure that effective programs are current and relevant to BRG's, but they included all data. The BRG's that were researched are MSM, Women at Sexual risk, IDU's, Youth, Transgender, HIV positive populations, and American Indian and Alaskan Natives.

- The result of the comprehensive literature search yielded information that does not represent the unique characteristics of the HIV epidemic in Los Angeles County.
- The populations studied are not nearly in proportion to the groups most at risk in Los Angeles County.
- The ethnicities of the populations studied do not present the ethnic diversity in Los Angeles County.
- The interventions that were studied and published do not highlight information that supports that the interventions are easily adapted to other BRGs, thus it could not be concluded that they are adaptable.
- There is an innumerable amount of data that describes behaviors of each of the BRGs. Comparatively, there is an alarming lack of data describing the effectiveness of specific interventions for BRGs across the board. Of the data that is available, most of the studies are outdated and irrelevant.
- Almost all of the research was conducted outside of Los Angeles. Most of the research was conducted in New York, San Francisco and several states and cities in the mid-West and Southern United States.

A survey to assess what community-based organizations are doing and to see if what they are doing is effective will be sent to OAPP Contract Monitors. **David Zucker** said that he contacted three people at OAPP to find out how the Contract Monitors summarize the monthly reports and what kind of information they gather. Some feedback that he has received was that they did not know. **Mr. Zucker** asked the PPC for direction of what and who to ask. **Dean Goishi** recommended contacting Mario Perez about this issue.

Mr. Sciortino said that in conducting their search they looked for outcome papers from interventions. The Standards and Best Practice sub-committee will be formulating their recommendations. Debra Cohen's cost effectiveness analysis will also inform their recommendations for effective interventions.

Action Item: Adoption of Intervention Criteria
David Zucker commented that the sub-committee needs to have criteria by which to evaluate interventions. The Institute of Health Policy Studies uses the following bullet points by which they consider interventions effective. The sub-committee brought them forth as an action item to adopt these as the sub-committees criteria by which they will prioritize interventions by BRG.

- Having Clearly Defined Target Populations.
- Having clearly defined objective.
- Targeting the highest risk populations
- Using interventions that are "for, of, and by" the target populations.
- Providing group support for individual behavior change.
- Enhancing individual self-esteem and providing concrete incentives.
- Linking HIV prevention to treatment and care.
- Evidence theory
- Skill Acquisition

The following are some of the comments, questions and discussions held about this issue.

- Several articles have been published about interventions with MSMs in Los Angeles County
- There are gaps in the research. CHIPTS had a number of studies that were done in Los Angeles County that the research did not identify.
- **Jeff Bailey** asked for everyone's assistance by notifying Royce or David of other published studies that would guide this process.
- Many agency budgets are stretched such that the 5% set aside for evaluation are sometimes used for looking at data and figuring out what's the data that they can draw reasonable conclusions from and use as a proxy for other things.
- CDC looks for interventions that work and they do have very explicit guidelines for what that outcome must look like.
- **Mr. Etzel** said that he would work with the Standards and Best Practice sub-committee to make sure that this process is well thought out.
- The data from a research survey that was discussed earlier was conducted by the Evaluation sub-committee has been entered into a database. OAPP and the Evaluation sub-committee will be looking at analyzing that database.
- There is no mention of a modeled framework of theory incorporated in these interventions. If we are talking about evidence based and some of the CDC criteria that would need to be incorporated in that that the intervention is based on or incorporates a framework or model or theory that has also been researched and provided.
- A question was asked regarding the Institute of Health Policy Studies, do they speak to anything about any evidence of effectiveness? If we are going to be trying to prioritize interventions with these criteria, it is possible that a particular intervention that meets all of these criteria may not even work? The hard thing we can not say it may be hard to find this absolutely works for this population, but maybe there is data that suggests that this type of intervention may work with the BRG so that we would know if we were prioritizing across BRGs or across interventions types.
- **Mr. Sciortino** said this was published by the Institute of Health Policy Studies in a document called HIV Prevention in California. They compared effective programs and programs that were not effective. The above is a summary of the qualities that describe what they consider effective programs.
- There is no mention in the criteria of the acquisition of their skills being part of their intervention. Part of the importance in doing group level intervention is the acquisition of new skills in order to modify that behavior.
- **Gabriel Rodriguez** said that there has been a lot of thought to the work of the Standards and Best Practice sub-committee and to make any decisions to add or remove things from this list in this amount of time may not be the best approach. There are interventions that could be considered effective that the goal may not be to the development or acquisition of skills, such as social marketing outreach, yet they may be considered effective interventions for some populations. The sub-committee is trying to give more of a general overview of the effective interventions rather than speak to any one type of intervention.

- **Mr. Sciortino** said that regardless of the type of intervention, whether it is community, outreach, group level intervention prevention case management, testing, and regardless of the theory, all those can fit under this criteria.
- It was stated that an intervention could posses all of these characteristics and not be at all effective.
- It was asked if this is criteria, that were considering to assess whether something is effective or maybe these are principles to look to in attempting to prioritize interventions.
- It was suggested that this would not be the end all criteria for defining effective interventions but rather these bullet points would be "guiding principles" to examine whether or not interventions based on outcome data that have proven to be efficacious that would also incorporate some of these guiding points.

Motion: With the added changes of the evidence based theory and skill acquisition principles, adopt these "guiding principles" not necessarily as criteria for guiding the Standards and Best Practices in the prioritization of interventions.

Youth Leadership

Sergio Avina reported that the last meeting was held at the AIDS Service Center in Pasadena. Next month's meeting will be held at AmASSI. They discussed the LAPD policy on detaining youth and others for carrying more than a few condoms. They also discussed contacting new CBOs that have not hosted the meeting. Some agencies are still not sending youth to participate in the meetings. There is the possibility of submitting an abstract in for presentation to CPLS. This event could serve as recruitment for participation in the Youth Leadership sub-committee by youth under 24. Next month there will be a presentation on EPI data and youth. The discussion about people carrying more than 3 condoms will be continued.

Vickie Ortega explained that those having condoms and being harassed were mostly transient youth loitering with intent of prostitution specifically on Santa Monica Blvd. They discussed the Youth Leadership sub-committee, the Adolescent HIV Consortium, and the Transgender Youth Consortium collaboratively setting sensitivity training in reference to transient use in the area. Part of the ongoing orientation includes training on STDs. They also discussed attendance and they are currently recruiting Core Group members.

Shirley Bushnell said that she has been having discussions with the Sheriffs. She would like to have a youth member attend the Roll Call Training's that she has been helping facilitate and she would like to have the issue about condoms addressed. She encouraged them to contact her

CHHS Update

Edric Mendia said they reviewed the Comprehensive Care Plan and it is on the Internet. **Vanessa Talamantes** said that she received clarification about the Continuum of Care Services Model. A table was included in the Comprehensive Care Plan that specifically addressed only Title I and II funds. The Comprehensive Care Plan does mention all of those services that are on the "Continuum of Care Services Model" including Prevention Services in the "Primary Health Care Core" and is in high priority.

Vanessa Talamantes said the bylaws were approved with a recommendation that the document would be taken back and to ensure that anything related to the PPC was reflective of our CDC guidelines. **Ms. Talamantes** and the co-chairs will be reviewing the document before it goes out and she will make sure that there is consistency with the language.

IX. NOMINATIONS OF THE PPC REPRESENTATIVE TO CHHS

Two PPC members were previously nominated to be the PPC Representative to the Commission. They are Kellii Trombacco and Shawn Griffin.

Motion: A motion was made, seconded, and approved to forward Kellii Trombacco's name as PPC Representative to the Commission.

X. OAPP REPORT

Cost Efficient:

Mario Perez said that OAPP has been under some attention by the Board around resource allocations. He said that PPC members should have received a report prepared by OAPP to the Board of Supervisors. The report defined the process that OAPP has adopted with the guidance by the Commission and the PPC to allocate

resources based on the Behavior Risk Model. Some of the graphs and figures highlight information by service planning area (SPA). OAPP has migrated away from a model that divides resources by five and placing the resources in each Supervisorial District, to looking at impact by SPA and making allocation resources significant with impact. On page 16 of the CDC Application, there is a description about the six indicators.

Mr. Perez said that there has been another board motion in the last couple of weeks asking OAPP to ensure that there is monthly reporting of expenditures for each prevention program by SPA and by BRG. He read the motion, "I therefore move that the Board of Supervisors direct the Health Services to return within 30 days with a proposed financial report that shows HIV/AIDS expenditures budget by graphic area. This should be developed in consultation with the Chief Administrative Office, the CAO, and the Auditor Controller." OAPP's interpretation's is that the motion did not specify the frequency of the report. The initial proposal was to have an annual report that shows how resources are allocated over the past 12-months. The perspective of the CAO and the Auditor Controller is they think it is a monthly request.

There was a meeting with OAPP, Auditor Controller, and the Chief Administrative Office to look at the practicality of the monthly reporting request. There is currently a recommendation to develop a system that will allow OAPP to accomplish this. It is hoped that in future contract years it will not be necessary to go back to January 1, 2002 to ask providers how they spent resources.

About 53% of the prevention contracts have multiple SPA as service delivery areas. OAPP is aware that many providers are already spending an enormous amount of time trying to be compliant with reporting requirements that have been passed on by the State and Federal government. Requirements that help inform how to allocate resources and it is an important planning tool for OAPP and the PPC. OAPP is trying to mitigate the burden that often is transferred to the community-based organizations who are trying to address an epidemic.

OAPP has prepared a draft response to the Board. It is hoped to learn what the outcome is over the next few weeks. OAPP is proposing to have the implementation occur with the start of the next program year. Many of the contracts are funded though the cooperative agreement. It is hoped that January 1, 2003 start date for this reporting request in honored. Included in the delay implementation would be for providers to provide OAPP some understanding about how resources were spent in 2002 by SPA to the best of providers' ability. For some of the other fiscal year contract it is hoped to have the start date of July 2003.

Mario Perez responded to a question that the monthly invoices indicate how much is being spent for the entire contract. If a CBO has a multi SPA program, OAPP has requested that providers give OAPP a sense of how many hours by SPA are being spent, or the % of effort. That does not always translate into the actual expenditures by SPA. For example, if 20 hours a week are being spent on outreach in SPA 2 and a different proportion of hours doing prevention case management in SPA 3 with a staff person presumably is more expensive. The expenditures are not that easy to calculate. It will be necessary to factor in who the staff person that is delivering the service is and what proportion of time is spent in each SPA, in order to meet the Board's request.

A question was asked "How do you calculate within the facility in house services that are provided to people from other SPA's that take up time?" **Mario Perez** responded that we could mitigate to a resource allocation system where we would have contracts by BRG and by SPA.

Option 1: For anyone serving MSMs in four SPAs there could be four separate budgets and schedules for each of those service-planning areas. Then sort of draw down on the budget for BRG in that SPA. The other issue is many providers are multiple BRGs. It is realized that there is expanational growth in the number of budgets they will need to match. At some point we need to ask ourselves what is the practicality of such monthly reporting mechanism? What proportion are we comfortable having providers spend reporting versus actual service delivery. OAPP has an obligation, and commitment to look at all the data that is submitted by the providers by SPA, BRG, Intervention Type and it becomes quite overwhelming.

Option 2: There are some systems that allow OAPP to collect data by client zip code, such as the counseling and testing data. In the last review of counseling and testing data county wide there are a number of data that happen quite frequently where providers use the service delivery site as a planning zip code, not giving an accurate sense of where the client's SPA origin really is. There is data now that allows us to look at SPAs, zip codes, Supervisorial District, and Health District, but that would require the collection of zip code data for every single client served by an HERR intervention. If there are any gaps, it throws off the actual resource allocation results.

The following are some concerns, questions and comments expressed by the public and PPC members.

- As community members what can we do to express our sentiment and who do we address that to?
- What is the appropriate forum for the public to have an impact on the process, not just the outcome?
- "Is a component of this going to be some kind of service delivery impact assessment? Or does anybody care anymore about service delivery."
- This issue is being decided between OAPP and the Board, yet it is something that can basically impact the services in the community. How appropriate is it to have the Board and others decide that issue without having the public or the PPC provide a voice in the process?
- Service providers are already being impacted timewise in answering questions such as "Is it true, what is in the papers?" Some providers have had to justify their positions and it is hoped that somebody could realize the impact this is already having. Putting out fires is very time consuming. Service delivery is already being impacted.
- There is a huge gap of information and that is part of what is making this discussion very difficult. The Board motion came about from the public speaking at the Board of Supervisors meeting. This did not come from the Board of Supervisors. It appeared that not all the PPC members were aware of all the newspaper articles and how big this has been and what has been going on.
- In terms of what is being developed is that something that would be, figured out collectively between OAPP, CAO and Auditor Controller?" Is there a place to make available what is being considered so people would know what is being proposed?
- Most would agree that monthly reporting would not be cost efficient or meaningful.
- The PPC as a planning group is supposed to be kept apprised and it may make more sense if there is a place to express support for a model. It was suggested that there be a forum to share with the PPC and for the PPC to provide input.
- There is agreement that we may need something, how it gets implemented and what it looks like we are not sure. Will it be shared with people?

Mario Perez responded to the last question that it would be made public. OAPP will make sure that resources are allocated based on evidence, and will rely on the 120 providers to help meet this need.

Mario Perez said that part of his task this afternoon was to try to articulate the complexity of prevention generally. Mr. Perez said that a conversation needs to take place about the significance and impact County wide of obtaining data from contracts with varying sizes budgets, on a monthly, quarterly, or annual basis.

Mario Perez said that he is not in a position to give advice on advocacy. He said it was important to reiterate the importance of trying to meet a prevention need that is increasingly greater, more complex with shrinking resources. Providers know best what proportion of time is spent meeting the already non-negotiable monthly reporting requirements to OAPP. We need to ask ourselves whether or not it makes sense to have systems County wide and among providers with different capacity to provide this data easily. There is an inherent importance in having an ability to gauge how we spend our resources. We have adopted a service planning area approach. We do have some tools that allow us to gauge impact on prevention needs across SPAs. Nevertheless, we need to ask ourselves to what degree do we want to count every single dollar that we spend. To the extent we can articulate a reasonable approach to resource allocation with some confidence, I think we will be in good shape.

Mario Perez said that the newspaper articles or reports are unfounded. To the extent that those newspaper articles or reports are not averting any new infections we need to keep on with the work that we do. There are those who have misguided and misinformed perspectives about how OAPP uses its time and resources. OAPP has provided a perspective and none of those have made it to print. The Board motion has serious implications for how prevention services are delivered and the commitment to deliver HIV prevention service.

Mr. Perez said that OAPP would forward the proposal to the Board for review and consideration. He said that OAPP has developed a plan that may satisfy the request without putting too much additional burden on the providers. It is hoped that it is accepted.

Mario Perez said that the resource allocation adopted by OAPP has been requested. There is a Board report that articulates the methodology provides data by SPA, it delineates the factors that we consider to allocate the resources, it describes the BRG model adopted by the PPC, it provides similar data for care resources. He said that

OAPP has shared what has been adopted and implemented consistent with guidelines and guidance by the two planning bodies (PPC and CHHS). OAPP maintains that that methodology is sound and OAPP is implementing an appropriate AIDS response with the help of the community partners.

Kathy Watt asked if the PPC could write a letter or get a hold of the press because in a sense what they are saying is that the PPC and the CHHS are not doing their job. They are bashing and saying that you guys have no clue about priorities and no clue about how the money goes out and that you must be sitting around every month doing nothing. She said that there is a lot of work that goes on within the PPC.

It was agreed to place this issue on the Executive sub-committee agenda for next month's meeting. To discuss the sequence of events, when reports are going to be forwarded to the Board of Supervisors, to figure out a timeline of where we are and how events are shaping out, and to keep people appraised of how this issue is shaping out, and to be able to express opinions.

Counseling and Testing Fee for Service

Mario Perez commented that there has been discussion about the Counseling and Testing fee-for-service structure adopted by OAPP to try to target more effectively the counseling and testing resources. OAPP will continue to look at some of that counseling and testing data around the area of proportion of tests targeted to one or another BRG and the proportion of test where a BRG is not apparent.

The goal is to try to make sure that OAPP has some options and strategies that can be shared that might help improve the targeting of counseling and testing resource. At the end of the year OAPP will have a better sense for the fee-for-service results. It will provide about six months of data and will be shared with the counseling and testing providers and work through some of these challenges. OAPP is targeting counseling and testing to those most at risk, but also wants to consider some of the other practical implementation issues that many providers have experienced over the last few months.

State CPG Meeting

Mario Perez commented that he was at the last CPG meeting in San Francisco and there is increased attention at the State level around prevention for HIV positive persons. The State CPG has been asked by Governor Davis' Administration to develop contingency plans for a 25% cut. The State CPG's Plan has been submitted to the administration. There is potential for another cut of close to $1million in prevention resources for Los Angeles County. The demands on prevention programs appear to be increasing while at the same time the resources are being threatened. This speaks to the need to have systems in place that can articulate which prevention interventions have a greater impact. As a County, OAPP will have to demonstrate that the prevention programs in place in some way are having an impact.

Community Leadership Summit (CPLS)

Dean Goishi announced that the CPLS would be held in New York in March 2003. A flyer with information is included n the packet. Copies of the call for abstracts were made available. **Mr. Goishi** recommended that the sub-committees look at submitting abstracts for the CPLS.

Mario Perez responded to a question regarding how information from program reports is compiled and announced that Eduardo Alvarado is the epidemiologist on staff in the Prevention Division, has been charged with developing a system to collect the monthly report data collected from the HERR programs. Mr. Perez mentioned in the past that we have not done a terribly impressive job looking at the data that is forwarded to OAPP that looks at:

- What proportion of different BRGs is served by which interventions.
- How successful we are with our follow up goals.
- What indicators we have in place with our respective programs to tell us at the end of the year whether or not we think we are having an impact averting new infections or reducing risk generally.

Mr. Perez said that Mr. Alvarado has also been working on improving the counseling and testing data collection system and generating the counseling and testing reports. He has been responsible for keeping the polls on the data that is coming in and other data collection request. It is expected to reciprocate some of that data in a form that is useful to each program to look at the program advocacy and maybe make modifications if needed. The focus has been on Counseling and testing and will go to HERR very shortly. **Mr. Perez** said that he would be

happy to set up a meeting and have a discussion in terms of the current capacity, what plans they have, and elicit some ideas from the provides and PPC about what might be most useful data exchange to improve the programs.

CBO Consultation – San Francisco
Dean Goishi said that the CDC directly funded CBO consultation will be held from December 1 through 4, 2002 in San Francisco. Information and an application were sent out. The deadline for submitting the application is tomorrow.

XI. CO-CHAIRS REPORT

PPC USCA Conference
There were six PPC members who submitted their applications and were selected to attend the USA Conference on AIDS. They are Jeff Bailey, Efrain Reyes, Vickie Ortega, David Zucker, Mark Etzel, and Buddy Akin.

BRG Meetings-
All BRG meetings have been completed for the exception of the PHIP set-asides. The meeting for the PHIP will be on September 27, 2002. At the Executive sub-committee meeting it was decided to have a makeup BRG meeting for all those agencies who were not able to attend their specific BRG meeting. A notice will be going out to all of the agencies funded through OAPP.

PHIP (Set-Aside) - September 27, 2002
BRG Makeup Meeting – October 25, 2002
Intervention Meeting – November 22, 2002
There will an "Intervention" meeting on November 22, 2002 at OAPP for all programs that are funded to do HIV counseling and testing. All those funded to do HCT will be notified.

Retreat Planning Ad Hoc Committee
Veronica Morales volunteered to be co-chair. Cesar Cadabes also volunteered to work on the committee.

STD Update
Next month there will be a 30-minute presentation from the STD Program by Dr. Melanie Taylor

XII. **STATE OFFICE OF AIDS UPDATE –** There was no report.

XIII. ANNOUNCEMENTS

Richard Zaldivar passed out a supplement copy of La Opinion the "2nd Annual Latino Celebrity Challenge: Strike Out AIDS." This event will be held on Saturday, September 7, 2002 at 1:00 p.m. at Dodger Stadium. He invited everyone to the event.

Buddy Akin announced that there are two job openings at AIDS Project Los Angeles.

Mark Etzel announced that the Joint Public Policy meeting was changed to September 27, 2002 due to the US Conference on AIDS. Typically they meet on the third Friday of the month.

XIV. CLOSING ROLL CALL
Roll call was conducted.

XV. ADJOURNMENT
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